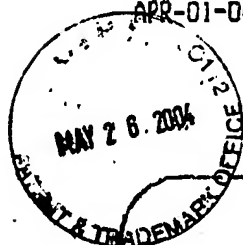


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RATNERPRESTIA

FAX NO. 302 778 2800

P. 04



AW (07-03)

**DECLARATION/
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration
Submitted
With Initial
Filing

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number:	DSU-102US
First Named Inventor:	Narodding Meitzsch
COMPLETE IF KNOWN	
Application Number:	10/678,367
Filing Date:	October 3, 2003
Art Unit:	2874
Examiner Name:	Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTERFEROMETRIC ANALOG OPTICAL MODULATOR FOR SINGLE MODE FIBERS

(Title of the Invention)

The specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/03/2003 as United States Application or PCT (International) Application Number 10/678,367

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(n) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Page 1]

04/01/04 THU 10:56 [TX/RX NO 5106]

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AW (07-03)

Declaration/Power Of Attorney for Utility or Design Patent Application
(continued)

I hereby appoint:

☒ Practitioners at Customer Number **31344**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above: **OR**☐ Correspondence Address Below

Name: Ratner/Prestia

Address: P.O. Box 1596

City: Wilmington

State: Delaware

Zip: 19889

Country: USA

Telephone: (302) 778-2500

Fax: (302) 778-2500

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Nouradine

Melikechi

Inventor's Signature

Date: _____

Residence: City: Dover

State: Delaware

Country: USA

Citizenship: United States

Mailing Address:

Mailing Address: 275 Marion Road

City: Dover

State: DE

Zip: 19904

Country: USA

☒ Additional Inventors are listed on the next page.

(Page 2)

AW (07-03)

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Kamel		Amara	
Inventor's Signature		Date:	
Residence: City: Dover	State: Delaware	Country: USA	Citizenship: Algeria
Mailing Address: 400 North DuPont Highway			
Mailing Address: Apt. B 21			
City: Dover	State: DE	Zip: 19901	Country: USA
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
William D.		Jemison	
Inventor's Signature		Date: 5/20/2004	
Residence: City: Easton	State: PA	Country: USA	Citizenship: USA
Mailing Address:			
Mailing Address: 142 East Wayne Avenue			
City: Easton	State: PA	Zip: 18042	Country: USA
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).			

(Page 3)

**DECLARATION/
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(37 CFR 1.16 (e))
required)

Attorney Docket Number:	DSU-102US
First Named Inventor:	Noureddine Melikechi
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Application Number:	10/678,367
Filing Date:	October 3, 2003
Art Unit:	2874
Examiner Name:	Unknown

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

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OR
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Correspondence Address Below

Name: RatnerPrestia

Address: P.O. Box 1596

City: Wilmington

State: Delaware

Zip: 19899

Country: USA

Telephone: (302) 778-2500

Fax: (302) 778-2600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Noureddine

Melikechi

Inventor's Signature

Melikechi

Date:

04/07/04

Residence: City: Dover

State: Delaware

Country: USA

Citizenship: United States

Mailing Address:

Mailing Address: 275 Merion Road

City: Dover

State: DE

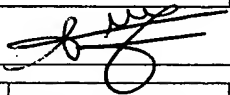
Zip: 19904

Country: USA

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Kamel			Amara		
Inventor's Signature 				Date: 4/29/04	
Residence: City: Dover		State: Delaware		Country: USA	
Citizenship: Algeria					
Mailing Address: 400 North DuPont Highway					
Mailing Address: Pat. B 21					
City: Dover		State: DE		Zip: 19901	
Country: USA					
Name of Third Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
William D.			Jamison		
Inventor's Signature _____				Date: _____	
Residence: City: Easton		State: PA		Country: USA	
Citizenship: USA					
Mailing Address:					
Mailing Address: 142 East Wayne Avenue					
City: Easton		State: PA		Zip: 18042	
Country: USA					
Name of Fourth Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.		
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature _____				Date: _____	
Residence: City:		State:		Country:	
Citizenship:					
Mailing Address:					
Mailing Address:					
City:		State:		Zip:	
Country:					
<input type="checkbox"/> Additional inventors are listed on Supplemental Sheet(s).					